

CALIFORNIA TAX CREDIT ALLOCATION COMMITTEE

COMPARABLE RENTAL DATA

DATE OF SURVEY: _____ DATE OPENED: _____
PROJECT NAME: _____ (Attach a Photo)
PROJECT ADDRESS: _____
PERSON TO CONTACT: _____ PHONE #: _____

BUILDING SPECIFICATIONS:

NO. OF BEDROOMS:					
RENTAL RANGE:					
Furnished:					
SQUARE FOOTAGE:					
VALUE RATIO: Rent/Sq. Ft.					
NO. OF BATHS:					
TOWN HOUSE/FLAT/ SPLIT LEVEL:					
NO. OF UNITS:					
PERCENT OF TOTAL MIX:					

Utilities Paid by Tenant: Gas _____ Electric _____ Water _____ None _____

Rental Subsidies:

(Please describe)

SECURITY DEVICES UTILIZED:

Full-Time Guards: Yes _____ No _____ Part-Time Guards: Yes _____ No _____
Dead Bolts: Yes _____ No _____ Other: _____

CURRENT VACANCY RATE:

BUILDING CONFIGURATION: 1 Story _____ 2 Story _____ Mix _____

TENANT PROFILE: (Elderly, Family) _____

RECREATION FACILITIES/PROJECT AMENITIES (Please list)

PARKING FACILITIES:

Spaces/Unit _____ Enclosed _____ Covered _____ Uncovered _____
Guest or Street Parking Available _____ Estimated Number of Vehicles Per Apartments _____

*This is an abbreviated version of the form used
by the California Housing Finance Agency.
Applicants may use copies of CHFA's form.